

83336

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032955

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 10 1962

VS 300  
Rev. 4/59

1

3

4 0

5 1

6

7 1

8 1

9

10

11

1252-0

13

52

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Length of stay in 1b

11 Days

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Madison

c. CITY

OR TOWN

Alton

d. STREET ADDRESS

241 Herbert Street

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIAM

C.

TANNER

4. DATE OF DEATH

Month

Day

Year

SEPTEMBER 4

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Marital Status

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

11/3/1909

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Millwright

## 10b. KIND OF BUSINESS OR INDUSTRY

Inglede Steel Co.

## 11. BIRTHPLACE (City and state or country)

Fisher, Kentucky

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Tanner

## 13b. MOTHER'S MAIDEN NAME

Narcie Mattingley

## 14. NAME OF HUSBAND OR WIFE

Verba M. Tanner

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Verba M. Tanner, 241 Herbert Alton, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) RENAL FAILURE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ENDARTERECTOMY

DUE TO (c) AORTIC ILLIAC ARTERIOSCLEROSIS

4500

## INTERVAL BETWEEN ONSET AND DEATH

5 DAYS

5 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from AUG. 23, 1962 to SEPT. 4, 1962 and last saw her/him alive on SEPTEMBER 4, 1962

Death occurred at 1:12 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

9/4/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 7, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Upper Alton

## 23d. LOCATION (City, town, or county)

Alton, Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home 2521 Edwards St. Alton, Ill. 62001

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Warner D. Coffman

Licensed Embalmer No. 6119

P. O. Address 205 Loma  
Wood River Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.